PTO/SB/17 (12-04v2) 2006. OMB 0651-0032 IENT OF COMMERCE d OMB control number.

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10 4 4g	Effective on 12/08/	(0004	Complete if Known		
a nob	Effective on 12/08/ Fees pursuant to the Consolidated Approp	riations Act, 2005 (H.R. 4818).	Application Number	10/617,148	
FEB 0 7 2006	FEE TRANS	MITTAL	Filing Date	July 10, 2003	
\ <u>a</u> \	· A	First Named Inventor	Bruce G. WARREN et a		
TOTAL THAN BE MADE	For FY 20)UO	Examiner Name	Kevin D. Mew	
A THAN PER	Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	2664	
	TOTAL AMOUNT OF PAYMENT	(\$) 910.00	Attorney Docket No.	491442011620	
	METHOD OF PAYMENT (check	all that apply)			
·	Check Credit Card	Money Order No	ne Other (please ic	lentify):	
	X Deposit Account Deposit Account	Number: 03-1952 Deposit Acc	count Name:	Morrison & Foerster LLP	
•	For the above-identified depo	sit account, the Director is	s hereby authorized to: (c	heck all that apply)	

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP								
For the above-iden	tified deposit a	ccount, the E	Director is he	reby authorize	ed to: (check	all that apply)		
x Charge fee(s	indicated bel	ow		Charge	e fee(s) indi	cated below, e	xcept for ti	ne filing fee
Charge any a	dditional fee(s	s) or undernay	ment of	Crodit	any overpay	monte		
	37 CFR 1.16			X Cledit	any overpay	inenis		
FEE CALCULATION					•			•
1. BASIC FILING, SEARCI	•							
		G FEES	SEAR	CH FEES	EXAMINA	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	. 160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description			•				Fee (\$)	Fee (\$)
Each claim over 20 (includ					•		50	25
Each independent claim ov	er 3 (includin	g Reissues)					200 360	100 180
Multiple dependent claims			Fee Bei	1 (A)	881	Ainla Danand		180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 6 -20 = 0 x = 0 Fee (\$) Fee Paid (\$)								
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Indep. Claims Extra	Claims Fo	ee (\$)	Fee Paid	I (\$)				_
	o x	= =	0					
3. APPLICATION SIZE FE			•					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	xtra Sheets			cional 50 or frac		Fee (\$)	Fee I	Paid (\$)
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4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specificat	ion, \$130 fee	(no small en	tity discoun	t)				
Other (e.g., late filing s	urcharge): 12	51 Extension	n for respo	nse within fi	rst month	/ 27		0.00

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	=/50	(round up to a whole number) x	=	
4. OTHER FEE(S)				Fees Paid (\$)
Non-English Speci	fication, \$130 fee (r	o small entity discount)		
Other (e.g., late fili	4054	Extension for response within first month		120.00
Outer (e.g., late IIII	1801	Request for continued examination (RCE) (s	see 37	790.00
				

SUBMITTED BY					
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Name (Print/Type)	Glenn M. Kubota			Date	February 7, 2006

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